

Lower screening rates for colorectal versus prostate cancer

There has been substantial debate among professional societies about the efficacy of prostate specific antigen (PSA) screening for prostate cancer. While some believe PSA screening may reduce deaths due to prostate cancer, others believe that widespread screening will lead to more prostate cancer diagnoses and potentially harmful therapy, without any improvement in outcomes. No valid evidence from clinical trials yet exists to settle this debate. On the other hand, colorectal cancer screening for adults 50 and older is widely advocated, based on the results of clinical trials that show substantially reduced mortality among those who receive periodic screening. Thus, if practice were evidence-based, PSA screening would be less common among men than colorectal cancer screening.

To test this theory, researchers compared the prevalence of PSA and colorectal cancer screening among men in the United States. Investigators assessed data from an annual population-based telephone survey - the 2001 Behavioral Risk Factor Surveillance System - conducted by the Centers for Disease Control and Prevention. Men from all 50 states (aged 40 and older) who responded to at least one prostate or colorectal cancer question (49,315) were included. Findings show that 75% of men aged 50 and older reported having undergone PSA testing at least once, and the likelihood of testing increased with age - compared to 63% of men aged 50 and older who had undergone colorectal cancer screening. Further, men were more likely to be up-to-date on prostate screening than colorectal cancer screening. This suggests that despite widespread efforts to improve adherence to colorectal cancer screening guidelines, such screening is still considerably less common than prostate cancer screening. Investigators recommend that physicians inform patients about the known mortality benefit of colorectal cancer screening, as well as the uncertainty about screening for prostate cancer.

Sirovich BE, Schwartz LM, Woloshin S. *Screening men for prostate and colorectal cancer: Do we have our priorities in order?* Journal of the American Medical Association March 19, 2003;289(11):1414-20.

Drs. Schwartz and Woloshin are supported through HSR&D's Career Development Award Program, and a grant from the National Cancer Institute.

*MANAGEMENT BRIEF is produced by the Management Decision and Research Center, a program within VA's Office of Research & Development, Health Services Research & Development Service. Please forward this information to other interested parties. **Please take a moment to give us your thoughts and suggestions about Management Brief by sending us an e-mail at MDRC.Boston@med.va.gov.***